

# NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM

## ADULT AND PEDIATRIC INTENSIVE CARE UNIT (ICU) MONTHLY REPORT FORM

NNID # \_\_\_\_\_ Month and Year \_\_\_\_\_ Hospital's code for this ICU \_\_\_\_\_

Circle type of ICU:    Burn    Coronary care    CardioThoracic    Medical    Medical/Surgical    Neurosurgical  
                          Pediatric    Respiratory    Surgical    Trauma    Other (specify) \_\_\_\_\_

First Day of Month                      First Day of Next Month

Number of patients in ICU ..... \_\_\_\_\_

### Number of patients with:

Date	# New arrivals	# Patients	Indwelling urinary catheter	Central line(s)	Ventilator
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL					

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and m(d)).

Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012).